

*Medi-Cal Management Information
System and Decision Support System (MIS/DSS)*

*Data Enhancement Functional Specifications
for the Splitter Program
Phase 5*



March 23, 2000

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1. Overview

Figure 1 gives a high-level view of the major conversion processes and helps illustrate the relationship between the processes. The shaded box represents the conversion process being discussed in this section.

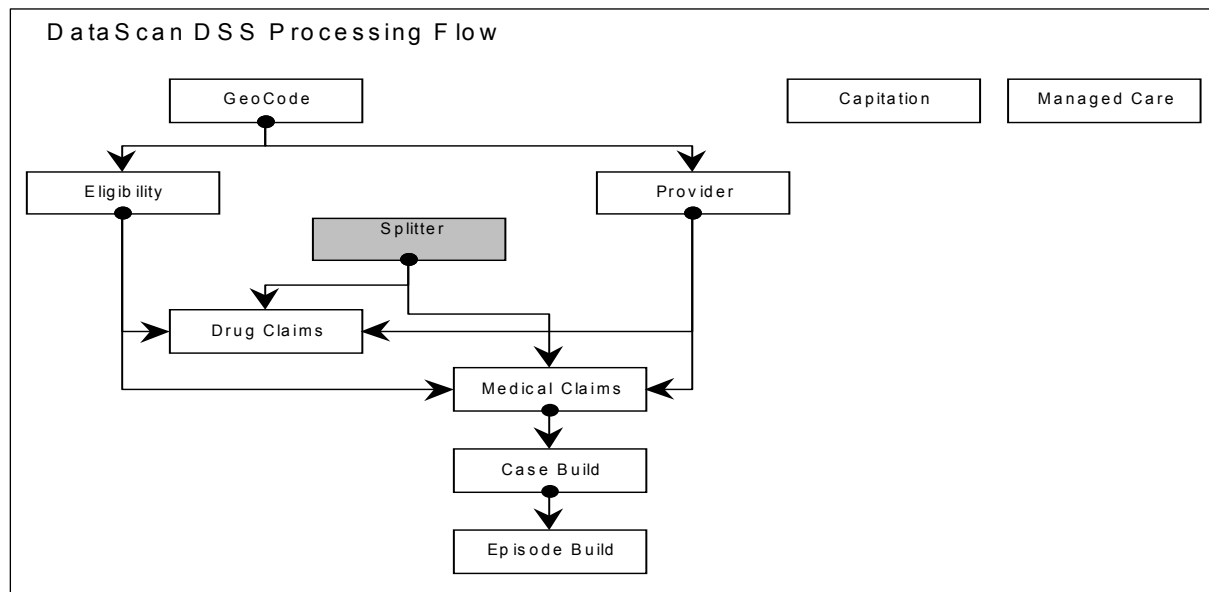


Figure 1. DataScan DSS Processing Flow

The RF-035 input file contains claim and encounter records for medical services, medical supplies and drug prescriptions. Medi-Cal's DataScan® decision support system (DSS) database contains separate tables for medical claims and encounters (Claim table) and prescriptions (Drug table). Enhancing the RF-035 input data for these DataScan® tables is simplified by splitting the data into two files early in the process. The Medical/Drug Records Splitter program serves this purpose.

Note: There are actually seven DataScan® Claim tables, but that structure has nothing to do with Splitter issues. Thus, in this document we refer to all seven Claim tables collectively as "the Claim table."

There are two main issues addressed by the Splitter program:

- Should an entire input claim be assigned to the same table, or should individual service lines be assigned to different tables?
- How do we identify drug and medical supply services?

We discuss these key issues next, followed by a description of what the Splitter program does.

1.1 Splitting at the service line (detail) rather than claim (header) level

The RF-035 input data file has multi-segmented (variable length) records. Each record comprises a header and up to 99 line-item details (segments). Fields which apply to the entire claim (e.g., beneficiary and provider information) are stored in header-level fields. Fields which apply to individual services (e.g., procedure codes and drug identifiers) are stored on detail segments.

The DataScan® Claim and Drug tables store each detail segment as a row, combining header- and detail-level fields. Header-level fields for a single RF-035 *input* record are repeated on all the DataScan® rows derived from that input record.

In Phases 1 and 2 we assigned *all the detail segments* from an input record to the same DataScan® table, based on the values in the *header* and the *first detail segment*. This has the advantage of speed: the Splitter ran very quickly. The disadvantage is that it was not as precise as it could be. Sometimes a single RF-035 input record contains both medical and prescription drug segments. Depending on the first segment, all the details ended up in only one table, rather than being split between the Claim and Drug tables.

Beginning with Phase 3, however, we assign *each detail segment* to the appropriate table, based on values in the header and *the particular detail segment*. This allows more precise assignment of detail records to either Claim or Drug.

1.2 Identifying services for the Drug table

Medi-Cal personnel are accustomed to seeing medical supply claims grouped with drug claims. Therefore, in the DataScan® DSS, we assign medical supplies to the Drug table. Identifying prescriptions and medical supplies often requires the *detail-level* input field F35-PROCEDURE-INDICATOR. This is a major reason for changing to segment-level splitting, as discussed above.

2. Prerequisites / Pre-Conversion

No processes must be completed before running the Splitter program.

3. Indexes

None

4. Input Data

The input for the Splitter is the RF-035 file. This file contains multi-segmented records for medical services, medical supplies and drug prescriptions. See Attachment 1 for the layout of this file.

5. Output Data

The significant outputs of the Splitter program are:

5.1 Claim Detail Files

There may be up to 20 Claim detail files output from the splitter. These Claim detail files are then input to the Claim convert program. These files have fixed-length rather than variable-length records, one per input file segment.

Note: There are several reasons for having multiple input files. By running with multiple smaller files, multiple versions of the convert program can be executed simultaneously. This allows many records to be converted in parallel, rather than waiting for one long file to be processed one record at a time. Running the convert program in parallel with multiple smaller files allows the convert process to complete more quickly, allowing us to manage the scheduling of resources during a database installation more effectively. The use of multiple files also reduces lost time if there is a problem and a file must be reconverted.

The number of output files used is determined indirectly by a JCL control card, which specifies the number of output records per file. For example, if the control card specifies 5,000,000 records per Claim file, and the Splitter outputs 82,000,000 records, each of the first 16 files will have 5,000,000 records each, the 17th will have 2,000,000, and the last three will have none. If

the Splitter outputs 110,000,000 records, the first 19 files will have 5,000,000 records each, and the last will have 15,000,000 (all of the rest).

The layout for these files is the same as the input file (Attachment 1), with these exceptions:

- Each record has only one segment, so the records are fixed- rather than variable-length. This output file layout is derived by deleting the lines in bold type in Attachment 1.
- F35-SEGMENT-COUNT contains the actual segment number rather than the total number of segments on the input record. For example, if an input record has five detail segments, there will be five output records. The first will have F35-SEGMENT-COUNT = 1, the second 2, and so on. This field is used later for the Claim and Drug tables' LINENUM field.

5.2 Drug detail files

There may be up to 10 Drug files output from the splitter program. The Drug files are input to the Drug convert program. Like the Claim detail files, the Drug detail files have fixed-length records. The layout for the Drug files is the same as the Claim detail file layout.

5.3 Drop File

The Drop file contains all input records dropped (see Selection / Drop Criteria below). Input records are dropped at the claim (header) level, i.e., if any segment on the record meets the drop criteria all segments of an input record are dropped. The Drop file can be examined to determine the field values that caused the data to be dropped.

The Drop file layout is the same as the RF-035 input file (Attachment 1).

6. Reports

6.1 Aggregate Statistics Report

The Aggregate Statistics Report provides the number of records and claim segments input, the number of records and claim segments dropped for each drop condition, and the number of records and claim segments output to Claim and to Drug files.

This report allows balancing and accounting of records brought into the Splitter program with the input F35-File transmittal record counts. This report also allows comparisons to later processing to ensure that no records have been lost or duplicated.

See Attachment 2 for a sample Aggregate Statistics Report.

7. Selection / Drop Criteria

There are several criteria for dropping (or excluding) records from the Medi-Cal DSS database. These criteria are applied to fields that are examined for specific values. When certain fields are missing or invalid it is impossible to determine how to process the record and therefore it must be dropped from the database.

All drop criteria, except two, rely on header-level fields. It is important to note, though, that *if any segment is dropped* even if due to a detail-level field drop criteria, then *all* segments are dropped. This is because header-level financials will be out of balance with the detail records if some segments are retained and others dropped.

7.1 Missing or invalid check date (PDDATE).

If the check date is invalid, we cannot determine if it is within the 30-month window. Therefore, it is excluded. Drop criterion:

- F35-CHECK-DATE is not a valid date

7.2 Check date (PDDATE) outside the database's 30-month window.

The DataScan database stores 30 months of paid data. During each monthly update the window moves up a month, with a new month of paid data being added, and the oldest month rolling off. Drop criterion:

- F35-CHECK-DATE is earlier or later than the 30-month window

7.3 Missing or invalid service date (SVCDATE).

This field is required for all Date-of-Service-based views of the data, so it cannot be missing or invalid. Criteria:

- Drop *the whole input record* if *any* claim segment's F35-DET-FROM-DATE-OF-SERVICE is not a valid date, when:

F35-PLAN-CODE = any valid code other than 2 (GMC). Valid plan codes are 0 – 9. (we exclude GMC records from this criteria because the F35-DET-FROM-DATE-OF-SERVICE is not expected to be valid for GMC records for Inpatient and Outpatient claim types. Therefore, there is special criteria for GMC records, as follows)

-
- Drop *the whole input record* if *any* segment's F35-DET-FROM-DATE-OF-SERVICE is not a valid date, when *both* the following conditions are true:
 - ◆ F35-PLAN-CODE = 2 (GMC)
 - ◆ DHS-CLAIM-TYPE \in 1 or 2 (Inpatient, Outpatient)
 - Drop the input record if the *header*-level service date (F35-HDR-FROM-DATE-OF-SERVICE) is not a valid date, when *either*:
 - ◆ F35-PLAN-CODE is not a valid value or
 - ◆ F35-PLAN-CODE = 2 (GMC) and DHS-CLAIM-TYPE = 1 OR 2 (Inpatient or Outpatient)

7.4 Service date (SVCDATE) *future to the 30-month window.*

Unlike paid date (see criterion 2 above), service date can be earlier than the 30-month window. It cannot, however, be later than the window. Check the detail- or header-level service date using the same conditions as under criterion 3 above, replacing the check for a missing or invalid date to a check for a date greater than the 30 month window.

7.5 Segment count of zero.

A record with no detail segments lacks essential information, such as procedure or drug codes. Drop criterion:

- F35-SEGMENT-COUNT = 0

7.6 Invalid CIN.

CIN is the primary identifier for an eligible, so it cannot be missing or invalid. Drop criterion:

- F35-CIN is all spaces, all zeros, all 9s or low values.

Note: All records that are dropped are written to the Drop file. The Drop file can be examined to determine what field values met the drop conditions. Record counts and financial totals are also reported, by drop criterion, on the Aggregate Statistics report.

7.7 Drop For Invalid Eligible's County (ELIGCNTY).

The county responsible for the eligible, ELIGCNTY, will be used to determine if the record will be dropped or included in the data base. The process is done by validating the eligible's county on the input record against the list of valid ELIGCNTY's on the project ELIGCNTY map. The map validation criteria is described in detail below:

- When F35-BID-COUNTY *not* validated in ELIGCNTY map, matching on: F35-BID- Drop For Invalid Eligible's County (ELIGCNTY). COUNTY = ELIGCNTY Code , the record is dropped.

7.8 Drop for Invalid aid code (AIDCODE).

The ELIGCAT map includes all the Federally Funded Program (FFP) aid codes that are currently authorized as valid in the MIS/DSS. Only valid FFP Aid Codes will be included in the database, therefore, the record will be dropped if the aid code is not in the map. Drop criterion:

- When F35-BID-AID-CODE is *not* validated in ELIGCAT map, indicating a valid FFP Aid Code for the DSS, then the record is dropped.

8. Process Flow / Data Enhancements

The Splitter program reads the RF-035 input file and outputs the Claim and Drug detail files. These detail files, in turn, are input to the Claim and Drug convert programs, respectively.

The Drop file and Aggregate Statistics reports are checked as part of normal process monitoring and testing, but are themselves processed no further.

Beginning in Phase 4, the Splitter program inspects the following fields for lower case values: F35-PROCEDURE-AREA, F35-BID-AID-CODE, F35-BENE-RACE, F35-PRIMARY-DIAGNOSIS, F35-SECONDARY-DIAGNOSIS, F35-PROVIDER-NUMER, F35-PRESC-REF-PROV-NUM, F35-BENE-SEX. Any occurrence of a lower case value will be changed to an upper case value. This will improve the validation and mapping that occurs later during conversion and build processing. (IR # 1124)

The Splitter program assigns each segment of the input record to either the Claim or Drug table. A segment is assigned to the Drug table if either of the numbered conditions listed below in section 8.2 is met. Otherwise, the segment is assigned to the Claim table.

8.1 Parameters

The Splitter program requires two control-card parameters, specifying:

- The last month of the (new) 30-month window, in CCYYMM01 format.
- The number of records per output file.

8.2 Conditions for assigning a segment to the Drug table

A detail segment is assigned to the Drug table if *either* of the following numbered (sets of) conditions is true:

1. F35-CLAIM-TYPE = 3 (Drug claim).

This is a header-level field. Therefore, *all* segments on the input record will be assigned to Drug.

2. *Both* the following are true (IRs 663, 719):

- ◆ F35-CLAIM-TYPE = 4 (Medical claim)

- ◆ F35-PROCEDURE-INDICATOR = 3 (State drug codes)

This criterion is intended to capture the medical supply services billed on HCFA 1500 forms when F35-MEDICAL-SUPPLY-IND is not used (IR # 719).

Note: The following were also considered as criteria to identify Drug segments, but were rejected because the F35-FI-CLAIM-TYPE is not used on COHS claims. The State believes the above two criteria will properly split all claims.

- F35-FI-CLAIM-TYPE = 01 (Pharmacy)

Like F35-CLAIM-TYPE, this is a header-level field. *All* segments on the input record would be assigned to Drug.

- *Both* the following are true:

- ◆ F35-FI-CLAIM-TYPE = 05 (Medical)

- ◆ F35-MEDICAL-SUPPLY-IND = Y

9. New Installation Considerations

During a database installation the input file may be very large, and the number and size of output files may be critical to the efficiency of the subsequent conversion processing. Therefore, setting the parameter for the number of records per output file is important. The number of output files is calculated by dividing the number of input records by the optimum number of records to convert.

Update Processing Considerations

The input file will be for a single month of payment. It will still, however, allow paid dates within the entire 30-month window.

10. Maps and Validation Tables

The following maps are used to validate values in the Splitter Program. The maps are used to determine if the input values are considered valid for inclusion during the current phase of the project. Copies of these maps can be found in the System Design Deliverable in the Maps section.

Map name	Excel Filename	Input F35-Field Name	Use of Map in Splitter Program
ELIGCAT	ELIGCAT.xls	f35-BID-AID-CODE	To validate f35-BID-AID-CODE when the f35-BID-CNTY is to be included for all FFP services.
ELIGCNTY	ELIGCNTY.xls	f35-BID-CNTY	To validate f35-BID-CNTY

11. Tagging

The Splitter program does not execute any tagging processes.

12. Summary of Document Changes

<u>Date</u>	<u>Author</u>	<u>Phase</u>	<u>IRs</u>	<u>Description of Changes</u>
3/16/00	T. Poyner	5		Removed Phase Specific Drop Logic Specifications from Sections 7 and 11.
8/20/99	L. Richardson	5	1237	Changed the F35-File Layout in Attachment 1 to reflect the new expanded layout.
8/13/99	L. Richardson	5	1468	With the elimination of Phase Specific Drop Conditions, the validation of ELIGCNTY and AIDCODE are moved to this document see sections 7.7 and 7.8. The AFDCAID map goes away and is eliminated in the Maps section.
6/14/99	L. Richardson	4	1320	Changed 'incurred' to 'Date-of-Service'
1/10/99	L. Richardson	4	1124	Added logic to change lower case values to upper case.
				Moved the non-Phase Specific drop criteria back into the document section 7. Selection / Drop Criteria.
				Made a few edits and clarifying statements throughout the document.
5/29/98	J. Mulcahy	3		Moved the drop criteria to a separate document entitled 'Phase and Table Field Specific Record Drop Logic'
5/21/98	L. Macklem	3	663, 719	Added split criterion for Drug: F35-CLAIM-TYPE = 4 (Medical claim) <i>and</i> F35-PROCEDURE-INDICATOR = 3 (State drug codes).
5/21/98	L. Macklem	3	739	Created for Phase 3 as a functional specification. Although there was a Splitter program in Phases 1 and 2, the formal specification was not included in the System Design deliverables for those phases.
5/21/98	L. Macklem	3	826	Output one record for each input record <i>segment</i>

<u>Date</u>	<u>Author</u>	<u>Phase</u>	<u>IRs</u>	<u>Description of Changes</u>
				(service line, detail), rather than for each input record. This is explained under Splitting at the service line (detail) rather than claim (header) level.

Attachment 1. RF-035 File Layout (Input File)

```

*   RFF035 ==> RF-F-035 FILE INCLUDE MEMBER.                                     *
*   -----
*   REV   07   07/21/99   LEVEL 08   PHIL TREINEN                               *
*   ADDED 5 TOOTH SURFACE FIELDS REDUCED FILLER AT END TO 5                     *
*   :PFX:-TOOTH-SURFACE-1 THRU -5   PIC X(01) .                               *
*   -----
*   REV   06   04/05/99   LEVEL 07   PHIL TREINEN                               *
*   :PFX:-ADMISSION-DATE                               :PFX:-DISCHARGE-DATE       *
*   :PFX:-CHECK-DATE                               :PFX:-SURGERY-DATE             *
*   :PFX:-HDR-FROM-DATE-OF-SERVICE :PFX:-ADJUDICATION-DATE                     *
*   :PFX:-HDR-TO-DATE-OF-SERVICE                               *
*   :PFX:-DET-FROM-DATE-OF-SERVICE                               *
*   :PFX:-DET-TO-DATE-OF-SERVICE                               *
*   ALL CHANGED FROM S9(6) COMP-3 TO S9(8) COMP(8)                             *
*   FROM YYMMDD FORMAT TO CCYYMMDD FORMAT                                     *
*   :PFX:-BIRTHDATE CHANGED FROM PIC 9(7) TO PIC 9(8)                         *
*   FROM CYYMMDD FORMAT TO CCYYMMDD FORMAT                                     *
*   :PFX:-FI-PROVIDER-TYPE                               :PFX:-CATEGORY-OF-SERVICE *
*   CHANGED FROM PIC X(2) TO X(3)                                             *
*   :PFX:-UNITS CHANGED FROM S9(5) COMP-3 TO S9(7)V9(3) COMP-3                 *
*   -----
*   REV   05   01/09/96   LEVEL 06   KELLEY KLEMIN                               *
*   :PFX:-LABEL-TYPE IN DETAIL POSITION 37 HAS BEEN RENAMED                     *
*   TO :PFX:-EPSDT-SERVICE-IND EFFECTIVE FEBRUARY 1996 MOP.                   *
*   -----
*   REV   04   05/24/95   LEVEL 05   KIM MAUN-PANNELL                           *
*   ADDED ANOTHER REDEFINES ON :PFX:-BIRTHDATE FOR THE MEDS                   *
*   AGE CHECK, WHICH REQUIRES A 1 OR 2 YEAR PLUS OR MINUS                     *
*   CHECK USING THE CENTURY AND THE YEARS.                                     *
*   -----
*   REV   03   08/22/94   LEVEL 04   KELLEY KLEMIN                               *
*   AS A RESULT OF SDN 4002 AND ENHANCEMENTS 17 & 18, WHICH                   *
*   WERE EFFECTIVE WITH THE NOVEMBER 1994 MONTH OF PAYMENT,                   *
*   ADDED TWO DATA ELEMENTS TO THE END OF THE HEADER:                         *
*   :PFX:-CLAIM-FORM-INDICATOR AND :PFX:-ADMIT-SOURCE.                       *
*   ALSO MADE SEVERAL OTHER CHANGES TO FACILITATE THE USE                   *
*   OF SEVERAL FIELDS.                                                         *
*   -----

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* REV 02 08/11/94 LEVEL 03 KIM MAUN-PANNELL *
* DATA ELEMENT :PFX:-PLAN-CODE GOT TWO NEW 88 LEVELS AND *
* LOST ONE. THE OLD MIO 88 LEVEL WENT AWAY. THE NEW ONES *
* FOR PLAN CODES 1 AND 2 WERE ADDED. *
*-----*
* REV 01 05/09/94 LEVEL 02 KELLEY KLEMIN *
* DATA ELEMENT :PFX:-MEDICARE-PAID-AMT-CAL WAS CHANGED TO *
* :PFX:-DET-OTHER-COVERAGE-AMOUNT PER MCSS REQUEST. THE *
* PICTURE DID NOT CHANGE, JUST THE DATA ELEMENT NAME. *
* THE OLD NAME WAS RETAINED AS A REDEFINES. DIFFERENT *
* BREAKDOWNS OF THE PROVIDER NUMBER, DIAGNOSIS AND *
* ACCOMMODATION CODE WERE ADDED. *
*-----*
* REV NEW 01/12/94 LEVEL 01 KELLEY KLEMIN *
* INCLUDE MEMBER CREATED FOR RF-F-035 FILE. THIS INCLUDE *
* IS GOOD FOR 35 FILES CREATED ON OR AFTER MAR 1994 MONTH *
* OF PAYMENT, THE EFFECTIVE DATE OF ENHANCEMENTS 19 & 49 *
* AND SDN 3048, WHICH CHANGED THE 35 FILE LAYOUT. *
*****
01 :PFX:-PAID-CLAIM-RECORD.

05 :PFX:-HEADER.
10 :PFX:-RECORD-ID PIC S9(03) COMP-3.
10 :PFX:-SEGMENT-CNT PIC S9(04) COMP.
88 :PFX:-VALID-SEGMENT-CNT VALUES +0 THRU +99.
10 :PFX:-PLAN-CODE PIC X(01) .
88 :PFX:-DELTA-PLAN-CODE VALUE '0'.
88 :PFX:-DDSW-PCSP-PLAN-CODE VALUE '1'.
88 :PFX:-GMC-PLAN-CODE VALUE '2'.
88 :PFX:-RHF-PLAN-CODE VALUE '3'.
88 :PFX:-HEALTH-INIT-PLAN-CODE VALUE '4'.
88 :PFX:-EPSDT-PLAN-CODE VALUE '5'.
88 :PFX:-DDS-PLAN-CODE VALUE '6'.
88 :PFX:-SD-MC-PLAN-CODE VALUE '8'.
88 :PFX:-EDS-PLAN-CODE VALUE '9'.
88 :PFX:-CSC-PLAN-CODE VALUE '9'.
10 :PFX:-PLAN-CODE-N REDEFINES
:PFX:-PLAN-CODE PIC 9(01) .
10 :PFX:-CLAIM-TYPE PIC X(01) .
88 :PFX:-VALID-CLAIM-TYPE VALUE '1' THRU '6'.
88 :PFX:-OUTPATIENT-CLAIM VALUE '1'.
88 :PFX:-INPATIENT-CLAIM VALUE '2'.

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```

      88 :PFX:-DRUG-CLAIM          VALUE '3'.
      88 :PFX:-MEDICAL-CLAIM      VALUE '4'.
      88 :PFX:-DENTAL-CLAIM      VALUE '5'.
      88 :PFX:-MEDI-SCREEN-CLAIM  VALUE '6'.
10 :PFX:-CLAIM-TYPE-N REDEFINES
   :PFX:-CLAIM-TYPE              PIC 9(01) .
10 :PFX:-ICN                     PIC S9(13)  COMP-3.
10 :PFX:-BENE-ID.
15 :PFX:-BID-COUNTY.
    20 :PFX:-BID-CNTY           PIC 9(02) .
15 :PFX:-BID-AID-CODE.
    20 :PFX:-BID-TENS-AID      PIC X(01) .
    20 :PFX:-BID-UNITS-AID    PIC X(01) .
15 :PFX:-BID-CASE-FBU-PERSON.
    20 :PFX:-BID-CASE-NUMBER  PIC X(07) .
    20 :PFX:-BID-FBU          PIC X(01) .
    20 :PFX:-BID-PERSON-NUMBER
                                   PIC X(02) .
15 FILLER REDEFINES
   :PFX:-BID-CASE-FBU-PERSON.
    20 :PFX:-BID-OTHER-ID-IDENTIFIER
                                   PIC X(01) .
      88 :PFX:-BID-OTHER-ID-VALUES
                                   VALUES '9' 'M' 'C'.
      88 :PFX:-BID-OTHER-ID-SSN
                                   VALUE '9'.
      88 :PFX:-BID-OTHER-ID-MEDS-ID
                                   VALUE 'M'.
      88 :PFX:-BID-OTHER-ID-CIN
                                   VALUE 'C'.
    20 :PFX:-BID-OTHER-ID-OR-MEDS-ID
                                   PIC X(09) .
10 :PFX:-BENE-NAME               PIC X(15) .
10 :PFX:-BENE-SEX               PIC X(01) .
      88 :PFX:-SEX-MALE          VALUE 'M' '1'.
      88 :PFX:-SEX-FEMALE        VALUE 'F' '2'.
      88 :PFX:-SEX-UNKNOWN        VALUE ' ' '.
10 :PFX:-BENE-RACE              PIC X(01) .
10 :PFX:-BENE-HIC               PIC X(12) .
10 :PFX:-PROVIDER-ZIP-CODE.
    15 :PFX:-PROVIDER-ZIP-5      PIC X(05) .
    15 :PFX:-PROVIDER-ZIP-4      PIC X(04) .

```

```

10 :PFX:-PROVIDER-NUMBER.
15 :PFX:-PROVIDER-NUMBER-FIRST-3
PIC X(03) .
15 :PFX:-PROVIDER-NUMBER-LAST-6.
20 :PFX:-PROVIDER-NUMBER-4-TO-7
PIC X(04) .
20 :PFX:-PROVIDER-NUMBER-8-TO-9
PIC X(02) .
10 :PFX:-REIMBURSEMENT-RATE PIC 9(03) .
10 :PFX:-PATIENT-LIABILITY PIC S9(7)V9(2) COMP-3.
10 :PFX:-PROVIDER-COUNTY.
15 :PFX:-PROVIDER-CNTY PIC 9(02) .
10 :PFX:-PROVIDER-SPECIALTY PIC X(02) .
10 :PFX:-VENDOR-CODE.
15 :PFX:-PROVIDER-TYPE PIC X(02) .
10 :PFX:-VENDOR-CODE-N REDEFINES
:PFX:-VENDOR-CODE PIC 9(02) .
88 :PFX:-VALID-VENDOR-CODE VALUES 01 THRU 99.
10 FILLER PIC X(01) .
10 :PFX:-DISCHARGE-CODE PIC X(01) .
10 :PFX:-OFFSET-INDICATOR PIC X(01) .
10 :PFX:-SURGERY-CODE PIC X(01) .
88 :PFX:-SURGERY VALUE 'S'.
10 :PFX:-MEDICARE-INDICATOR PIC X(01) .
88 :PFX:-MEDICARE-IND-1 VALUE '1'.
10 :PFX:-ADMISSION-DATE PIC S9(8) COMP-3.
*** DATE IS IN CCYYMMDD FORMAT.
10 :PFX:-DISCHARGE-DATE PIC S9(8) COMP-3.
*** DATE IS IN CCYYMMDD FORMAT.
10 :PFX:-CHECK-DATE PIC S9(8) COMP-3.
*** CHECK DATE IS THE MONTH OF PAYMENT (MOP) .
*** DATE IS IN CCYYMMDD FORMAT.
10 :PFX:-PRIMARY-DIAGNOSIS.
15 :PFX:-PRIMARY-DIAGNOSIS-1-4.
20 :PFX:-PRIMARY-DIAGNOSIS-1-3.
25 :PFX:-PRIMARY-DIAG-1
PIC X(01) .
25 :PFX:-PRIMARY-DIAG-2
PIC X(01) .
25 :PFX:-PRIMARY-DIAG-3
PIC X(01) .
20 :PFX:-PRIMARY-DIAG-4 PIC X(01) .

```

```

15 :PFX:-PRIMARY-DIAG-5 PIC X(01) .
10 :PFX:-CO-INSURANCE-AMOUNT PIC S9(7)V9(2) COMP-3.
10 :PFX:-HDR-MEDI-CAL-AMOUNT-BILLED
PIC S9(7)V9(2) COMP-3.
10 :PFX:-HDR-MEDI-CAL-AMOUNT-PAID
PIC S9(7)V9(2) COMP-3.
10 :PFX:-FAMILY-PLANNING-CLAIM PIC X(01) .
10 :PFX:-FAMILY-PLANNING-SYSTEM PIC X(01) .
10 :PFX:-ADJUSTMENT-INDICATOR PIC X(01) .
88 :PFX:-NEGATIVE-ADJUSTMENT VALUES '2' '3' '5'.
10 :PFX:-DAYS-STAY PIC S9(3) COMP-3.
88 :PFX:-DAYS-STAY-1THRU60 VALUES +1 THRU +60.
10 :PFX:-OTHER-COVERAGE-AMOUNT PIC S9(7)V9(2) COMP-3.
10 :PFX:-ADJUSTMENT-ICN PIC S9(13) COMP-3.
10 :PFX:-HDR-FROM-DATE-OF-SERVICE
PIC S9(8) COMP-3.
*** FROM DATE IS THE MONTH OF SERVICE (MOS) .
*** DATE IS IN CCYYMMDD FORMAT.
10 :PFX:-HDR-TO-DATE-OF-SERVICE PIC S9(8) COMP-3.
*** DATE IS IN CCYYMMDD FORMAT.
10 FILLER PIC X(04) .
10 :PFX:-OTHER-COVERAGE-INDICATOR
PIC X(01) .
10 :PFX:-SSN-OR-MEDS-ID.
15 :PFX:-SSN-OR-MEDS-ID-1 PIC X(01) .
88 :PFX:-PSEUDO-MEDS-ID-START
VALUES '8' '9'.
15 :PFX:-SSN-OR-MEDS-ID-2-8 PIC X(07) .
15 :PFX:-SSN-OR-MEDS-ID-9 PIC X(01) .
88 :PFX:-PSEUDO-MEDS-ID-END VALUE 'P'.
10 :PFX:-BIRTHDATE.
15 :PFX:-BIRTH-CENTURY-YEAR-MONTH.
20 :PFX:-BIRTH-CENTURY PIC 9(02) .
20 :PFX:-BIRTH-YEAR-MONTH.
25 :PFX:-BIRTH-YEAR PIC 9(02) .
25 :PFX:-BIRTH-MONTH PIC 9(02) .
15 :PFX:-BIRTH-DAY PIC 9(02) .
10 FILLER REDEFINES
:PFX:-BIRTHDATE.
15 FILLER PIC X(02) .
15 :PFX:-BIRTHDATE-YYMMDD.
20 :PFX:-BIRTHDATE-YY PIC X(02) .

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                20 :PFX:-BIRTHDATE-MM PIC X(02) .
                20 :PFX:-BIRTHDATE-DD PIC X(02) .
10 FILLER REDEFINES
   :PFX:-BIRTHDATE.
        15 :PFX:-BIRTHDATE-YYY PIC X(04) .
        15 FILLER PIC X(04) .
10 FILLER PIC X(06) .
10 :PFX:-CCS PIC X(01) .
10 :PFX:-PROVIDER-NAME PIC X(28) .
10 :PFX:-MINOR-CONSENT-SERVICE PIC X(02) .
10 :PFX:-RESTRICTED-SERVICE PIC X(02) .
10 :PFX:-FI-CLAIM-TYPE PIC X(02) .
10 :PFX:-PHP-CODE PIC X(03) .
10 :PFX:-FI-PROVIDER-TYPE PIC X(03) .
10 :PFX:-CATEGORY-OF-SERVICE PIC X(03) .
10 :PFX:-SECONDARY-DIAGNOSIS.
        15 :PFX:-SECONDARY-DIAGNOSIS-1-4.
            20 :PFX:-SECONDARY-DIAGNOSIS-1-3.
                25 :PFX:-SECONDARY-DIAG-1
                    PIC X(01) .
                25 :PFX:-SECONDARY-DIAG-2
                    PIC X(01) .
                25 :PFX:-SECONDARY-DIAG-3
                    PIC X(01) .
            20 :PFX:-SECONDARY-DIAG-4
                PIC X(01) .
        15 :PFX:-SECONDARY-DIAG-5 PIC X(01) .
10 :PFX:-EMERGENCY-IND PIC X(01) .
    88 :PFX:-EMERGENCY-CLAIM VALUE 'Y' .
10 :PFX:-ADJUDICATION-DATE PIC S9(8) COMP-3.
*** DATE IS IN CCYYMMDD FORMAT.
10 :PFX:-ADMIT-TYPE PIC X(01) .
10 :PFX:-PATIENT-STATUS PIC X(02) .
10 :PFX:-PRIMARY-SURGERY-CODE PIC X(05) .
10 :PFX:-SECONDARY-SURGERY-CODE PIC X(05) .
10 :PFX:-SURGERY-DATE PIC S9(8) COMP-3.
*** DATE IS IN CCYYMMDD FORMAT.
10 :PFX:-LTC-SOC-IND PIC X(01) .
    88 :PFX:-LTC-SOC VALUE 'Y' .
10 :PFX:-CLAIM-FORM-INDICATOR PIC X(01) .
    88 :PFX:-CLAIM-FORM-UB-92 VALUE 'U' .
10 :PFX:-ADMIT-SOURCE PIC X(01) .

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      88 :PFX:-ADMIT-TRANSFER          VALUES '4' '5' '6'.
      88 :PFX:-ADMIT-EMERGENCY-TRANSFER
                                VALUE '4'.
      88 :PFX:-ADMIT-ELECTIVE-TRANSFER VALUE '5'.
      88 :PFX:-ADMIT-DELIVERY-TRANSFER VALUE '6'.
    10 :PFX:-CIN                      PIC X(09) .
    10 FILLER                        PIC X(19) .

05 :PFX:-CLAIM-DETAILS.
    10 :PFX:-DETAIL-SEGMENT
        OCCURS 0 TO 99
        DEPENDING ON :PFX:-SEGMENT-CNT
        INDEXED BY :PFX:-I1 :PFX:-I2.
    15 :PFX:-DET-MEDI-CAL-AMOUNT-BILLED
                                PIC S9(7)V9(2)  COMP-3.
    15 :PFX:-DET-MEDI-CAL-AMOUNT-PAID
                                PIC S9(7)V9(2)  COMP-3.
    15 :PFX:-MEDICARE-AMOUNT-BILLED
                                PIC S9(7)V9(2)  COMP-3.
    15 :PFX:-MEDICARE-AMOUNT-PAID
                                PIC S9(7)V9(2)  COMP-3.
    15 :PFX:-DEDUCTION-CODE      PIC X(01) .
    15 :PFX:-DEDUCTION-AMOUNT   PIC S9(7)V9(2)  COMP-3.
    15 :PFX:-DET-FROM-DATE-OF-SERVICE
                                PIC S9(8)        COMP-3.
    ***          DATE IS IN CCYYMMDD FORMAT.
    15 :PFX:-DET-TO-DATE-OF-SERVICE
                                PIC S9(8)        COMP-3.
    ***          DATE IS IN CCYYMMDD FORMAT.
    15 :PFX:-PCCM-IND            PIC X(01) .
    15 :PFX:-OHC-CODE           PIC X(01) .
    15 :PFX:-EPSDT-SERVICE-IND  PIC X(01) .
    15 :PFX:-TAR                PIC X(01) .
    15 :PFX:-MIO-POS            PIC X(01) .
    15 :PFX:-TOS                PIC X(01) .
    15 :PFX:-PROCEDURE-AREA.
    20 :PFX:-PROC-CODE-PREFIX
                                PIC X(06) .
    20 :PFX:-PROCEDURE-CODE.
    25 :PFX:-PROC-CODE-FIRST-4
                                PIC X(04) .
    25 :PFX:-PROC-CODE-LAST-1

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PIC X(01) .
15 :PFX:-NDC-UPC-HRI-CODE REDEFINES
   :PFX:-PROCEDURE-AREA.
20 :PFX:-NDC-UPC-HRI-LABELER
PIC X(05) .
20 :PFX:-NDC-UPC-HRI-PRODUCT
PIC X(04) .
20 :PFX:-NDC-UPC-HRI-PACKAGE
PIC X(02) .
15 FILLER REDEFINES
   :PFX:-PROCEDURE-AREA.
20 :PFX:-MEDI-CAL-CODE-PREFIX
PIC X(04) .
88 :PFX:-MEDI-CAL-DRUG VALUE LOW-VALUES.
20 :PFX:-MEDI-CAL-DRUG-AREA.
25 :PFX:-MEDI-CAL-DRUG-CODE.
30 :PFX:-MEDI-CAL-DRUG-CD
PIC X(04) .
30 :PFX:-MEDI-CAL-DRUG-STR
PIC X(01) .
25 :PFX:-MEDI-CAL-DRUG-MFG
PIC X(02) .
15 :PFX:-PROCEDURE-INDICATOR PIC X(01) .
15 :PFX:-ACCOMMODATION-CODE.
20 :PFX:-ACCOM-CODE.
25 :PFX:-ACCOM-1 PIC X(01) .
25 :PFX:-ACCOM-2 PIC X(01) .
20 :PFX:-ACCOM-H PIC X(01) .
15 :PFX:-TOOTH-OR-MODIFIER PIC X(02) .
15 :PFX:-UNITS PIC S9(7)V9(3) COMP-3.
15 :PFX:-PRESCRIPTION-NUMBER.
20 :PFX:-PRESCRIPTION-FIRST-2
PIC X(02) .
20 :PFX:-PRESCRIPTION-LAST-6
PIC X(06) .
15 FILLER REDEFINES
   :PFX:-PRESCRIPTION-NUMBER.
20 :PFX:-PRESCRIPTION-FIRST-6
PIC X(06) .
20 :PFX:-PRESCRIPTION-LAST-2
PIC X(02) .
15 :PFX:-COPAY-AMOUNT PIC S9(3)V99 COMP-3.

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15 :PFX:-PRICE-RESTRICTION PIC X(01) .
15 :PFX:-PRESC-REF-PROV-NUM PIC X(09) .
15 :PFX:-EPSDT-REFERR-CDS PIC X(02) .
15 :PFX:-COPAY-IND PIC X(01) .
15 :PFX:-DRUG-MANUFACTURER PIC X(02) .
15 :PFX:-FI-TOS PIC X(01) .
15 :PFX:-MEDI-CAL-REIM-AMT PIC S9(7)V9(2) COMP-3.
15 :PFX:-DET-OTHER-COVERAGE-AMOUNT
PIC S9(7)V9(2) COMP-3.
15 :PFX:-MEDICARE-PAID-AMT-CALC REDEFINES
:PFX:-DET-OTHER-COVERAGE-AMOUNT
PIC S9(7)V9(2) COMP-3.
15 :PFX:-ORIG-POS-2.
20 :PFX:-ORIG-POS-1 PIC X(01) .
20 :PFX:-POS-1-FILLER PIC X(01) .
15 :PFX:-SMART-KEY.
20 :PFX:-SMART-KEY-GTC PIC X(02) .
20 :PFX:-SMART-KEY-STC PIC X(04) .
20 :PFX:-SMART-KEY-HICL PIC X(05) .
20 :PFX:-SMART-KEY-STR PIC X(04) .
20 :PFX:-SMART-KEY-DOSE PIC X(03) .
20 :PFX:-SMART-KEY-RT PIC X(02) .
20 :PFX:-SMART-KEY-PS PIC X(03) .
20 :PFX:-SMART-KEY-UDUU PIC X(01) .
15 :PFX:-DAYS-SUPPLY PIC S9(3) COMP-3.
15 :PFX:-MEDICAL-SUPPLY-IND PIC X(01) .
88 :PFX:-MEDICAL-SUPPLY VALUE 'Y'.
15 :PFX:-COMPOUND-DRUG-IND PIC X(01) .
88 :PFX:-COMPOUND-DRUG VALUE 'Y'.
15 :PFX:-TOOTH-SURFACE-1 PIC X(01) .
15 :PFX:-TOOTH-SURFACE-2 PIC X(01) .
15 :PFX:-TOOTH-SURFACE-3 PIC X(01) .
15 :PFX:-TOOTH-SURFACE-4 PIC X(01) .
15 :PFX:-TOOTH-SURFACE-5 PIC X(01) .
15 FILLER PIC X(05) .

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Attachment 2. Sample Splitter Aggregate Statistics Report

PAGE : 1

AGGREGATE STATISTICS FOR SPLITTER FROM 19970201 TO 19990731

DATE : 10/12/1999

TIME : 12:32:02

	# OF RECS	SEGMENTS	DET-AMT-BILL	F035-RECORDS
TOTALS	9,279,289	9,284,961.00	1,231,787,946.05	5,745,111.00
NOT VALID COUNTY	212	221.00	5,875.41	212.00
NOT IN ELIGCAT TABLE				
CK DT INVALID	50	120.00	5,883.71	50.00
CK DT BEFORE 30 MON RNG	2,577	9,203.00	-253,113.62	2,577.00
CK DT AFTER 30 MON RNG				
HDR SVC DT INVALID				
HDR SVC DT AFTER 30 MON				
DET SVC DT INVALID	62	409.00	-7,013.18	62.00
DET SVC DT AFTER 30 MON	11	69.00	2,949.67	11.00
CIN SPACE OR ZERO				
SEGMENT COUNT = ZERO	1,438		184,036.79	1,438.00
TOTAL RECS DROPPED	4,350	10,022.00	-61,381.22	4,350.00
CLAIM RECS OUT	6,614,649	6,614,649.00	1,111,439,927.48	3,307,996.00
DRUG RECS OUT	2,660,290	2,660,290.00	120,409,399.79	2,432,765.00